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3811 VALLEY CENTRE DRIVE
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TELEPHONE: 858.720.5100
FACSIMILE: 858.720.5125
WWW.MOFO.COM

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To:	FACSIMILE:	TELEPHONE:
U.S. Patent and Trademark Office MS AF	(571) 273-8300	

FROM: James J. Mullen III, Ph.D. – Reg. No. 44,957 DATE: August 16, 2005

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Comments:

ATTORNEY DOCKET: 511582003500
GROUP ART UNIT: 1643
EXAMINER: A. Harris
SERIAL NO.: 09/809,638
FILING DATE: March 14, 2001
INVENTOR(S): Mary FARIS et al.
TITLE: 12SP5C8: A TISSUE SPECIFIC PROTEIN HIGHLY EXPRESSED IN VARIOUS CANCERS

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal (1 page + duplicate for fee processing)
3. Petition for Extension of Time (1 page)
4. Notice of Appeal (1 page)

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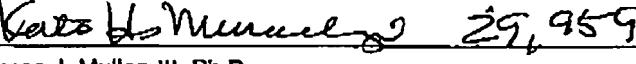
PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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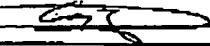
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/809,638
Total Number of Pages in This Submission 6	Filing Date March 14, 2001	
	First Named Inventor Mary FARIS	
	Art Unit 1643	
	Examiner Name A. Harris	
	Attorney Docket Number 511582003500	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 page + duplicate for fee processing) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (1 page) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile coversheet (1 page)
<input type="checkbox"/> Remarks _____ Customer No. 36327		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	James J. Mullen III, Ph.D.		
Date	August 16, 2005	Reg. No.	44,957

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Dated: August 16, 2005

Signature: 

(Grace Yu)

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PTO/SB/17 (12-04-2)

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Effective on 12/09/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4816).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
760.00

Complete if Known	
Application Number	09/809,638
Filing Date	March 14, 2001
First Named Inventor	Mary FARIS
Examiner Name	A. Harris
Art Unit	1643
Attorney Docket No.	511582003500

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Name Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) Indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-	-	x	=	0.00		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 -	/50	(round up to a whole number) x	0.00	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2401 Notice of appeal

2253 Extension for response within third month

0.00

250.00

510.00

SUBMITTED BY

Signature	<i>James J. Mullen III, Ph.D.</i>	Registration No. (Attorney/Agent)	44,957	Telephone	(858) 720-7940
Name (Print/Type)	James J. Mullen III, Ph.D.			Date	August 16, 2005

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